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FAX COVER SHEET

TO: ISSUE FEE PAYMENT U.S. P.T.O.	From: Leslie Hoffmann Patent Paralegal
Tel. N/A	Tele: 408-284-8484
Fax: 571-273-2885	Date: June 8, 2007
Sheets: Cover + <u>5</u>	
RE: <u>Issue Fee Payment; App. S/N 09/887,913 Filed June 20, 2001</u> <u>First Named Inventor: Jeffrey LUKANC, Attorney Docket # IDT-1616</u>	

Message:

Please find attached:

- 1. Part B-Issue Fee Transmittal + Duplicate**
- 2. Change of Correspondence**
- 3. "Fee Address" Indication Form**

Thank you.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/887,913
	Filing Date	06/20/2001
	First Named Inventor	Jeffrey LUKANC
	Art Unit	2133
	Examiner Name	Guy J. LAMARRE
Total Number of Pages in This Submission	Attorney Docket Number	IDT-1616

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	DEBRA A. CHUN, REG. NO. 38,700
Signature	
Date	June 8, 2007

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Typed or printed name	Leslie Hoffmann
Signature	
Date	June 8, 2007

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